

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/590546 | FILING DATE | | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--------------------------------|--------------|------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | 1 | ↓ | 1 | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | |
| TOTAL DEP. | 98 | ← | 42 | ← | | ← | | TOTAL DEP. | | ← | | ← | |
| TOTAL CLAIMS | 99 | | 43 | | | | | TOTAL CLAIMS | | | | | |